

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11534

State File No. ....

FILED APR 4 1950

BIRTH NO. ....		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>782</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - St. Louis Co.</b>		c. LENGTH OF STAY (In this place) <b>25</b>		d. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		<b>1251</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>near Meramec Bottom Road</b>				d. STREET ADDRESS (If rural, give location) <b>10405 Midland</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edgar</b>		b. (Middle) <b>C.</b>		c. (Last) <b>Schmid</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24th, 1950</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 4th 1893</b>			
9. AGE (In years last birthday) <b>56</b>		10. UNDER 1 YEAR Months <b>11</b> Days <b>20</b>		11. BIRTHPLACE (State or foreign country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Instructor, Universal Flight School</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Flucom, Mo.</b>		13a. FATHER'S NAME <b>Charles H. Schmid</b>		13b. MOTHER'S MAIDEN NAME <b>Mary P. Kleinschmidt</b>			
13c. NAME OF HUSBAND OR WIFE <b>Gladys Schmid</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes W.W. I</b>		15. SOCIAL SECURITY NO. <b>304-05-6187</b>		16. INFORMANT'S SIGNATURE OR NAME <b>Gladys Schmid</b>			
16. ADDRESS <b>10405 Midland Overland Mo.</b>		17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple body fractures and decapitation when training plane crashed and burned in field</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>III. ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) crashed and burned in field</b> <b>Due to (c)</b>		18. INTERVAL BETWEEN ONSET AND DEATH		19. DATE OF OPERATION <b>400</b>		20. MAJOR FINDINGS OF OPERATION <b>803X</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>open field</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural St. Louis Mo.</b>		21d. HOW DID INJURY OCCUR? <b>See above</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3 24 50</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE <b>Donald J. Williams</b> (Degree or title) <b>Coroner</b>			
23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>3/27/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/27/50</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>		25. ADDRESS <b>7450 Manchester Rd. Maplewood, Mo.</b>			
DATE REC'D BY <b>MAR 27 1950</b>		REGISTRAR'S SIGNATURE <b>Robert L. ...</b>		26. (Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0661 11 7111

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*J. Allen Davis*  
Licensed Embalmer No. *4953*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.